

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**JOBS AMERICA PAC**

Full Name (Last, First, Middle Initial) <b>A. Sundari Rasiah</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>11 / 30 / 2015</div> </div> <b>Transaction ID : SA11AI.4388</b>		
Mailing Address 4209 Clifton Ct			Amount of Each Receipt this Period <div> <div>5000.00</div> </div> <input type="checkbox"/> Memo Item Contribution		
City Dublin	State OH	Zip Code 43016			
FEC ID number of contributing federal political committee. <div>C</div>					
Name of Employer None		Occupation Homemaker			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>5000.00</div>			
Full Name (Last, First, Middle Initial) <b>B. Mallikha Samuel</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>07 / 13 / 2015</div> </div> <b>Transaction ID : SA11AI.4381</b>		
Mailing Address 7953 Kennedy Road			Amount of Each Receipt this Period <div> <div>5000.00</div> </div> <input type="checkbox"/> Memo Item Contribution		
City Blacklick	State OH	Zip Code 43004			
FEC ID number of contributing federal political committee. <div>C</div>					
Name of Employer Complete Healthcare for Women		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>5000.00</div>			
Full Name (Last, First, Middle Initial) <b>c. Mervyn J. Samuel</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>08 / 20 / 2015</div> </div> <b>Transaction ID : SA11AI.4384</b>		
Mailing Address 7953 Kennedy Road			Amount of Each Receipt this Period <div> <div>5000.00</div> </div> <input type="checkbox"/> Memo Item Contribution		
City Blacklick	State OH	Zip Code 43004			
FEC ID number of contributing federal political committee. <div>C</div>					
Name of Employer Complete Healthcare for Women		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>5000.00</div>			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div>15000.00</div>		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div></div>		